## **Guideline for Creating a Functional Program**

Many differences exist among populations utilizing the services of lic ensed care facilities. These differences include the physical, social and health care utilization patterns, and needs of the users. Therefore, broad ranges of operational and physical factors should be considered when planning operational components of any facility regardless of size, type, or location. The universal questions to be answered are who, what, when, where, why, and how. The following components will answer these questions and should be addressed in a functional program.

## **Types of Residents Admitted To This Facility**

- ☐ List the types of residents and the quantity for each. Types of residents may include such classifications as elderly, frail elderly, developmentally disabled, mental health clients, chemically dependent, etc.
- ☐ Identify evacuation categories in the facility and the quantities of each.
- ☐ List any additional/temporary residents such as adult day care, type of respite care, type of crisis care, and the quantity for each. Describe if they are different from, or similar to, your typical residents.

### **Services Offered**

☐ List each type of service offered in the facility, such as assisted living services contracts, dementia (Alzheimer's) care, dementia care locking unit, adult day care, etc. Include a sample individual resident plan.

### **Activities Provided**

☐ Give examples of the activities, the frequency of the activities, and where each will occur.

### **Transportation**

- ☐ Describe any transportation used by and for the residents.
- □ Who owns the transportation?
- □ Who operates the transportation?
- ☐ List the typical reasons for transporting the residents.

### **Staffing**

- ☐ List types of staff, such as administrator, alternate administrator(s), nursing assistants, LPN, RN, foodservice workers, janitors, security, groundskeepers, etc.
- ☐ List quantities of each job type.
- ☐ List work shifts, as well as types and quantities of staff per shift.
- ☐ Identify how staff will contact the administrator and alternate administrator(s).
- □ What method will be used to ensure CPR, First Aid, and HIV/AIDS training is received by employees in their first 30 days of employment?

### **Resident Rooms**

- ☐ Describe room furnishings. Are they resident or facility provided?
- ☐ Identify the emergency exits from each room.
- □ Identify the hot water supply to the rooms (temperature must be between 105° 120° F).
- ☐ Describe any room fixtures and appliances.
- □ Describe toilet and bathing rooms. Include quantity if shared.
- □ Does the room lock?
- ☐ Is a lockable storage container available?
- □ Does each room have a phone jack and appropriate electrical outlets (not required for all rooms in all facilities for licensure, but may be required for contracting)?

### **Types of Rooms**

☐ List room types included in this facility such as resident rooms, TV rooms, resident workshop, activity room, utility room, dining room, kitchen, counseling rooms, meeting rooms, smoking room, laundry room, staff bathrooms, etc. Describe the use for each.



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Laundry Service		Washington S
	Where is resident laundry done?	Прне
	Where is facility laundry done?	,
	How are clean and soiled areas separated?	
	Is the laundry co-mingled?	
	What type of laundry equipment is being used?	
	Where is the hot water supply for the laundry? (Water temperature should be 140° F.)	
	Who is doing the residential laundry?	
	Who is doing the facility laundry?	
Food :	<u>Service</u>	
	How are menus created? By whom? Are menus unique or cycled? Please include a	

## F

- sample menu.
- ☐ What meals are provided? How many meals per day, modified diets, etc.?
- □ Where are the meals prepared? Define each, if done differently.
- ☐ If catered or brought from another licensed facility, how are they transported?
- □ Who prepared the meals? Define each if done differently.
- ☐ Where are the meals served? Define each if done differently.
- What type of dishwasher(s) will be used? What is the water temperature recommended by the manufacturer?
- Where is the hot water supply for the dishwasher(s)?
- □ What kind of refrigeration is used?

### **Medication Storage and Use**

- ☐ Where do residents store their own medications under category A?
- ☐ Where does the facility store medications for category B and C? Does that area have adequate lighting and work surface?
- Who assists and supervises medications? What kind of assistance do they provide? How are the medications distributed? Is there a handwashing sink nearby?
- □ Where are the medications administered?

### **Communication Systems**

- ☐ How are residents going to notify staff of an emergency?
- ☐ How are non-ambulatory residents going to contact staff in an emergency?
- ☐ How is staff going to notify other staff in an emergency?
- ☐ How is staff going to notify outside services of an emergency? For example, if only one staff person is working alone and has an emergency on the 4th floor, how will they call 911? From what phone?

#### **Security Systems**

- ☐ How are the building(s) and surrounding areas secured?
- What alarm systems, if any, are used?
- What type of locking mechanisms will be used in dementia care units?

### **Outdoor Spaces**

- ☐ Is there a covered area for residents? What type?
- □ What kind of outdoor furnishings are used?
- If there is a dementia care unit, how is the outside space landscaped (poisonous plants)?
- ☐ If there is a dementia care unit, is there a fenced, controlled outside area?

### **Other Components**

Please list and describe any other components pertaining to the facility such as initial and ongoing physical assessments, verification of staff, hospital transfer agreements, infection control, safety, charting and documentation, limited nursing services, etc.



"Construction Review Services protects and improves the health and safety of people in Washington by providing professional consultation and review for the design and construction of licensed or certified care facilities for our customers."

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